FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

UNIFORM LIMITED OFFERING EXEMPTION

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30, 2008 Estimated average burden

hours per response...... 16.00

| SEC USE ONLY |        |        |  |  |  |  |  |
|--------------|--------|--------|--|--|--|--|--|
| Prefix       |        | Serial |  |  |  |  |  |
| D.           | ATE RE | CEIVED |  |  |  |  |  |

| Name of Offering ( check if this is an amendment and  | name has changed, and indicate   | change.)      |                  | <u> </u>              |
|---|----------------------------------|---------------|------------------|-----------------------|
| Sale of Series A-2 Preferred Stock  |                                  |               |                  |                       |
| Filing Under (Check box(es) that apply):  | le 504 🔀 Rule 505                | ☐ Rule 506    | Section 4(       | S)/ DNLOE             |
| Type of Filing: New Filing Amendment  |                                  |               |                  | RECEIVED              |
|   | A. BASIC IDENTIFICATION          | DATA          |                  | 6./                   |
| 1. Enter the information requested about the issuer   |                                  |               |                  | )CT 🤊 [ 2005 🔊 🕽      |
| Name of Issuer ( check if this is an amendment and namfoundry, inc.   | ame has changed, and indicate ch | ange.)        | A RECEIVED       |                       |
| Address of Executive Offices  | (Number Street, City, State, 2   | Zin Code)     | Telephone Number | (including Area Code) |
| 10 Liberty Ship Way #350, Sausalito, CA 94965   | (2.4                             |               |                  | 25-7496               |
| Address of Principal Business Operations  | (Number Street, City, State, 2   | Zip Code)     | Telephone Number | (including Area Code) |
| (if different from Executive Offices)   |                                  | ļ             |                  |                       |
|   |                                  |               | P                | ROCESSED—             |
| Brief Description of Business   |                                  |               | 7                |                       |
| Software technology   |                                  |               | <del>}</del>     | IOV A Long            |
| Type of Business Organization   |                                  |               | 0                |                       |
|   | ership, already formed           | other (please | specify):        | THOMSON               |
| business trust limited partn  | ership, to be formed             |               |                  | - INANCIAI            |
| Actual or Estimated Date of Incorporation or Organizati Jurisdiction of Incorporation or Organization: (Enter two |                                  |               | ☐ Estimate       |                       |
| CENEDAL INSTRUCTIONS  | <del></del>                      |               |                  |                       |

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Sievers, Drew Business or Residence Address (Number and Street, City, State, Zip Code) c/o mfoundry, inc., 10 Liberty Ship Way #350, Sausalito, CA 94965 Check Box(es) that Apply: Promoter ⊠ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Rodriques, Kelly Business or Residence Address (Number and Street, City, State, Zip Code) c/o mfoundry, inc., 10 Liberty Ship Way #350, Sausalito, CA 94965 Check Box(es) that Apply: Promoter ☐ Executive Officer □ Director General and/or ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Smith, Adrian Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ignition Venture Partners II, LP, 11400 Southeast 6th Street, Bellevue, WA 98004 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Patricof, Alan Business or Residence Address (Number and Street, City, State, Zip Code) c/o Apax Excelsior VI, L.P. 445 Park Avenue, New York, NY 10022 ⊠ Beneficial Owner ☐ Director ☐ General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Aiglstorfer, Rodney Business or Residence Address (Number and Street, City, State, Zip Code) c/o mfoundry, inc., 10 Liberty Ship Way #350, Sausalito, CA 94965 ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Schlough, Harry W. Business or Residence Address (Number and Street, City, State, Zip Code) 8, Hilarita Avenue, Mill Valley, CA 94941 General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director Managing Partner Full Name (Last name first, if individual) Westreich, Anthony Business or Residence Address (Number and Street, City, State, Zip Code) c/o Max Capital Management, 230 Park Avenue, 17th Floor, New York, NY 10167

| Check Box(es) that Apply:  Promoter   |             | Beneficial Owner         | Executive Officer   |             | Director |   | General and/or<br>Managing Partner |
|---|-------------|--------------------------|---------------------|-------------|----------|---|------------------------------------|
| Full Name (Last name first, if individual)  |             |                          |                     |             |          | Ü |                                    |
| Windsor, Merrill Michael  |             |                          |                     |             |          |   |                                    |
| Business or Residence Address (Number an  | d Street    | , City, State, Zip Code) |                     |             |          |   |                                    |
| 45 Half Moon Lane, Irvington, NY 10533  |             |                          |                     |             |          |   |                                    |
| Check Box(es) that Apply: Promoter  | <b>⊠</b>    | Beneficial Owner         | ☐ Executive Officer |             | Director |   | General and/or<br>Managing Partner |
| Full Name (Last name first, if individual) Richard C. Marcus Trust UW Mary C. Marcus                | us          |                          |                     |             |          |   |                                    |
| Business or Residence Address (Number ar  |             | City State Zin Code)     |                     |             |          |   |                                    |
| 913 Terrace Mountain Road, Austin, TX 787   |             | , 011, 01110, 21, 0010,  |                     |             |          |   |                                    |
| Check Box(es) that Apply:  Promoter   | $\boxtimes$ | Beneficial Owner         | ☐ Executive Officer |             | Director |   | General and/or<br>Managing Partner |
| Full Name (Last name first, if individual) Ignition Venture Partners II, LP                         |             |                          |                     |             |          |   |                                    |
| Business or Residence Address (Number ar<br>11400 Southeast 6 <sup>th</sup> Street, Bellevue, WA 98 |             | , City, State, Zip Code) |                     |             |          |   |                                    |
| Check Box(es) that Apply:  Promoter   | $\boxtimes$ | Beneficial Owner         | ☐ Executive Officer |             | Director |   | General and/or<br>Managing Partner |
| Full Name (Last name first, if individual) Apax Excelsior VI, L.P.                                  |             |                          |                     |             |          |   |                                    |
| Business or Residence Address (Number ar  | d Street    | , City, State, Zip Code) |                     |             |          |   |                                    |
| 445 Park Avenue, New York, NY 10022   |             |                          |                     |             |          |   |                                    |
| Check Box(es) that Apply:  Promoter   | $\boxtimes$ | Beneficial Owner         | ☐ Executive Officer |             | Director |   | General and/or<br>Managing Partner |
| Full Name (Last name first, if individual) Weinswig, Steven A.                                      |             |                          |                     |             |          |   |                                    |
| Business or Residence Address (Number ar  | d Street    | , City, State, Zip Code) |                     |             |          |   |                                    |
| 1637 N. Winchester, Chicago, IL 60622   |             |                          |                     |             |          |   |                                    |
| Check Box(es) that Apply:  Promoter   | ⊠           | Beneficial Owner         | ☐ Executive Officer |             | Director |   | General and/or<br>Managing Partner |
| Full Name (Last name first, if individual)  |             |                          |                     |             |          |   |                                    |
| Business or Residence Address (Number an  | d Street    | , City, State, Zip Code) |                     |             |          |   |                                    |
| Check Box(es) that Apply:  Promoter   |             | Beneficial Owner         | ☐ Executive Officer |             | Director |   | General and/or<br>Managing Partner |
| Full Name (Last name first, if individual)  |             |                          | <u> </u>            |             |          |   |                                    |
| Business or Residence Address (Number ar  | d Street    | , City, State, Zip Code) |                     |             |          |   |                                    |
| Check Box(es) that Apply:  Promoter   |             | Beneficial Owner         | ☐ Executive Officer |             | Director |   | General and/or<br>Managing Partner |
| Full Name (Last name first, if individual)  |             |                          |                     |             |          |   |                                    |
| Business or Residence Address (Number ar  | nd Street   | , City, State, Zip Code) |                     | <del></del> |          |   |                                    |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|          | B. INFORMATION ABOUT OFFERING   |                      |                      |  |  |  |  |  |  |  |
|----------|---|----------------------|----------------------|--|--|--|--|--|--|--|
| 1.       | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?   | Yes                  | No<br>⊠              |  |  |  |  |  |  |  |
| 2.       | Answer also in Appendix, Column 2, if filing under ULOE  What is the minimum investment that will be accepted from any individual?  | \$ N/A               |                      |  |  |  |  |  |  |  |
| 2        |   |                      |                      |  |  |  |  |  |  |  |
| 3.<br>4. | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                      |                      |  |  |  |  |  |  |  |
| Ful      | l Name (Last name first, if individual)   |                      |                      |  |  |  |  |  |  |  |
| Bus      | siness or Residence Address (Number and Street, City, State, Zip Code)  |                      |                      |  |  |  |  |  |  |  |
| Nar      | ne of Associated Broker or Dealer   |                      |                      |  |  |  |  |  |  |  |
| Stat     | tes in Which Persons Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   |                      | States               |  |  |  |  |  |  |  |
| All M    | L AK AZ AR CA CO CT DE DC FL GA IN IA KS KY LA ME MD MA MI MN T NE NV NH NJ NM NY NC ND OH OK   | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |  |  |  |  |  |  |  |
| Bus      | Name (Last name first, if individual) siness or Residence Address (Number and Street, City, State, Zip Code)  |                      |                      |  |  |  |  |  |  |  |
| Nar      | ne of Associated Broker or Dealer   |                      |                      |  |  |  |  |  |  |  |
| Stat     | tes in Which Persons Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   | 🔲 All S              | States               |  |  |  |  |  |  |  |
|          |   | HI MS OR WY          | ID<br>MO<br>PA<br>PR |  |  |  |  |  |  |  |
| Ful      | l Name (Last name first, if individual)   |                      |                      |  |  |  |  |  |  |  |
| Bus      | siness or Residence Address (Number and Street, City, State, Zip Code)  |                      |                      |  |  |  |  |  |  |  |
| Nar      | ne of Associated Broker or Dealer   |                      |                      |  |  |  |  |  |  |  |
| Stat     | tes in Which Persons Listed Has Solicited or Intends to Solicit Purchasers  | [-] A11 6            |                      |  |  |  |  |  |  |  |
|          | (Check "All States" or check individual States)   | All S                |                      |  |  |  |  |  |  |  |
|          |   | MS OR WY             | MO PA PR             |  |  |  |  |  |  |  |

| _  | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF   | F P | ROCEEDS                     |             |          |                                     |
|----|---|-----|-----------------------------|-------------|----------|-------------------------------------|
| ١. | Enter the aggregate offering price of securities included in this Offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |     |                             |             |          |                                     |
|    | Type of Security  |     | Aggregate<br>Offering Price |             | Ar       | mount Already<br>Sold               |
|    | Debt  | \$  |                             |             | \$       |                                     |
|    | Equity  |     |                             | _           | \$       | 1,500,000.96                        |
|    | ☐ Common ☑ Preferred  |     | ,,,                         | -           | •        |                                     |
|    | Convertible Securities (including warrants)   | \$  |                             | _           | \$       |                                     |
|    | Partnership Interests   |     |                             |             | \$       |                                     |
|    | Other (Specify)   | \$  |                             | _           | \$       |                                     |
|    | Total   | \$  | 1,500,000.96                | 5           | \$       | 1,500,000.96                        |
|    | Answer also in Appendix, Column 3, if filing under ULOE   |     |                             |             |          |                                     |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."    |     |                             |             |          |                                     |
|    |   |     | Number<br>Investors         |             |          | Aggregate ollar Amount of Purchases |
|    | Accredited Investors  |     | 8                           | _           | \$       | 1,500,000.96                        |
|    | Non-accredited Investors  |     | 0                           |             | \$       | 0.00                                |
|    | Total (for filings under Rule 504 only)   |     |                             | _           | \$       |                                     |
|    | Answer also in Appendix, Column 4, if filing under ULOE   |     |                             |             |          |                                     |
| 3. | If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  |     | T 6                         |             | <b>D</b> |                                     |
|    | Type of Offering  |     | Type of<br>Security         |             | ע        | ollar Amount<br>Sold                |
|    | Rule 505  |     | Series A-2 Preferred        | ı           | \$       | 1,500,000.96                        |
|    | Regulation A  |     |                             | _           | \$       |                                     |
|    | Rule 504  |     |                             | _           | \$       |                                     |
|    | Total   |     |                             | _           | \$       | 1,500,000.96                        |
| 1. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |     |                             | _           |          |                                     |
|    | Transfer Agent's Fee  |     |                             |             | \$       |                                     |
|    | Printing and Engraving Costs  |     |                             |             | \$       |                                     |
|    | Legal Fees  |     |                             | $\boxtimes$ | \$       | 15,000.00                           |
|    | Accounting Fees   |     |                             |             | \$       |                                     |
|    | Engineering Fees  |     | •••••                       |             |          |                                     |
|    | Sales Commissions (specify finders' fees separately)  |     |                             |             | \$       |                                     |
|    | Other Expenses (identify) Securities Compliance   |     |                             |             | \$       | 600.00                              |
|    | Total   |     |                             |             | \$       | 15,600.00                           |
|    | b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  |     |                             |             | e        | 1,484,400.96                        |
|    | proceeds to the issuer.   |     |                             |             | Φ        | 1,707,400.70                        |

| 5. Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for a the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa | ny purpose is not known, furnish an estimate of the payments listed must equal the adju  | and check                          |                                 |
|--|--|------------------------------------|---------------------------------|
| ·  |  | Payments to Officers, Directors, & | Payment to                      |
|  |  | Affiliates                         | Others                          |
| Salaries and fees  |  |                                    | <b>\$</b>                       |
| Purchase of real estate  |  | \$                                 | <b>\$</b>                       |
| Purchase, rental or leasing and installation of ma   | •  |                                    |                                 |
| and equipment  |  |                                    |                                 |
| Construction or leasing of plant buildings and fa  | cilities   | \$                                 | <b>\$</b>                       |
| Acquisition of other businesses (including the va  |  |                                    |                                 |
| offering that may be used in exchange for the as   |  |                                    |                                 |
| issuer pursuant to a merger)   |  |                                    |                                 |
| Repayment of indebtedness  |  |                                    |                                 |
| Working capital  |  |                                    | <b>■</b> \$ <u>1,484,400.96</u> |
| Other (Specify)  |  |                                    |                                 |
|  |  |                                    | <b>—</b> :                      |
|  |  |                                    |                                 |
| Column Totals  |  |                                    |                                 |
| Total Payments Listed (column totals added)  |  | \(\bigsi \\$ \)                    | 1,484,400.96                    |
|  | D. FEDERAL SIGNATURE   |                                    |                                 |
| The issuer has duly caused this notice to be signed signature constitutes an undertaking by the issuer to information furnished by the issuer to any non-accred Issuer (Print or Type)               | furnish to the U.S. Securities and Exchang   | ge Commission, upon written re     |                                 |
| mfoundry, inc.   | Wigner of the second of the se | 10/18/                             | 05                              |
| Name of Signer (Print or Type)   | Title of Signer (Print or Type)  |                                    |                                 |
| Drew Sievers   | President .  |                                    |                                 |
| Diew Sievers   |  |                                    |                                 |
| ·  |  |                                    |                                 |
|  |  |                                    |                                 |
|  |  |                                    |                                 |
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|  |  |                                    |                                 |
|  |  |                                    |                                 |
|  |  |                                    |                                 |
|  | ATTENTION  |                                    |                                 |
|  | ATTENTION  |                                    |                                 |
| Intentional misstatements or on  | nissions of fact constitute federal criminal   | violations. (See 18 U.S.C. 1001    | .)                              |

|      | E. STATE SIGNATURE  |
|------|---|
| 1.   | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification  Yes  No provisions of such rule?   |
|      | See Appendix, Column 5, for state response.   |
| 2.   | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.  |
| 3.   | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.   |
| 4.   | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. |
|      |   |
|      | e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly horized person.  |
| Issi | uer (Print or Type)  Date   |
| mfe  | oundry, inc. 10/18/05   |
| Na   | me of Signer (Print or Type)  Title of Signer (Print or Type)   |

Drew Sievers

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| APPENDIX |                                |   |  |  |              |  |  |     |    |
|----------|--------------------------------|---|--|--|--------------|--|--|-----|----|
| 1        | Intend<br>to non-a<br>investor | d to sell<br>accredited<br>is in State<br>B-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |              |  | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |     |    |
| State    | Yes                            | No  | Series A-2 Preferred<br>Stock  | Number of<br>Accredited<br>Investors                           | Amount       | Number of<br>Non-Accredited<br>Investors | Amount   | Yes | No |
| AL       |                                |   |  |  |              |  |  |     |    |
| AK       |                                |   |  |  |              |  |  |     |    |
| AZ       |                                |   |  |  |              |  |  |     |    |
| AR       |                                |   |  |  |              |  |  |     |    |
| CA       |                                | X   | \$200,000.00   | 1  | \$200,000.00 | 0  | \$0.00   |     | X  |
| со       |                                |   |  | <del></del>  |              |  |  | ļ   |    |
| СТ       |                                |   |  |  |              |  |  |     |    |
| DE       |                                |   |  |  |              |  |  |     |    |
| DC       |                                |   |  |  |              |  |  |     |    |
| FL       |                                |   |  |  |              |  | ·  |     |    |
| GA       |                                |   |  |  |              |  |  |     |    |
| НІ       |                                |   |  |  |              |  |  |     |    |
| ID       |                                |   |  |  |              |  |  |     |    |
| IL       |                                |   |  |  |              |  |  |     |    |
| IN       |                                |   |  |  |              |  |  |     |    |
| IA       |                                |   |  | <del></del>  |              |  |  |     |    |
| KS       |                                |   |  |  |              |  |  |     |    |
| KY       |                                |   |  |  |              |  |  |     |    |
| LA       |                                |   |  |  |              |  |  |     |    |
| ME       |                                |   |  |  |              |  |  |     |    |
| MD       |                                |   |  |  |              |  |  |     |    |
| MA       |                                |   |  |  |              |  |  |     |    |
| MI       |                                |   |  | -  |              |  |  |     |    |
| MN       |                                |   |  |  |              |  |  |     |    |
| MS       |                                |   |  |  |              |  |  |     |    |
| МО       |                                |   |  |  |              |  |  |     |    |
| MT       |                                |   |  |  |              |  |  |     |    |
| NE       |                                |   |  |  |              |  |  |     |    |

|    | <del></del> | <del></del>  |   | <del></del>  |   | ·      | <del></del> |
|----|-------------|--------------|---|--------------|---|--------|-------------|
| NV |             |              |   |              |   |        |             |
| NH |             |              |   |              |   |        |             |
| NJ |             |              |   |              |   |        |             |
| NM |             |              |   |              |   |        |             |
| NY | Х           | \$400,000.00 | 4 | \$400,000.00 | 0 | \$0.00 | X           |
| NC |             |              |   |              |   |        |             |
| ND |             |              |   |              |   |        |             |
| ОН |             |              |   |              |   |        |             |
| ок |             |              |   |              |   |        |             |
| OR |             |              |   |              |   |        |             |
| PA |             |              |   |              |   |        |             |
| RI |             |              |   |              |   |        |             |
| SC |             |              |   |              |   |        |             |
| SD |             |              |   |              |   |        |             |
| TN |             |              |   |              |   |        |             |
| TX |             |              |   |              |   |        |             |
| UT |             |              |   |              |   |        |             |
| VT |             |              |   |              |   |        |             |
| VA |             |              |   |              |   |        |             |
| WA | Х           | \$800,000.96 | 2 | \$800,000.96 | 0 | \$0.00 | X           |
| wv |             |              |   |              |   |        |             |
| WI |             |              |   |              |   |        |             |
| WY |             |              |   |              |   |        |             |
| PR |             |              |   |              |   |        |             |